

**TOWN OF TROY – OFFICE OF THE SELECT BOARD**

**COMPLAINT FORM**

Your Name: \_\_\_\_\_

Your Address \_\_\_\_\_

Your Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**The following section is about the complaint – be concise and complete. Please provide photographs, maps or other documentation to substantiate the violation if available.**

Address of the violation: \_\_\_\_\_

If no address is available, provide a detailed description of the location of the alleged violation:

\_\_\_\_\_  
\_\_\_\_\_

Property Owner (if known): \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**This section is for Department use only.**

Map \_\_\_\_\_ Lot \_\_\_\_\_ Zoning District \_\_\_\_\_

Assumed Violation: \_\_\_\_\_

Action: \_\_\_\_\_

Complaint forwarded to: \_\_\_\_\_ Fire \_\_\_\_\_ Police \_\_\_\_\_ Water/Sewer

\_\_\_\_\_ DPW \_\_\_\_\_ Health \_\_\_\_\_ Other (please specify)